1. Refer to Operations Order 5.8.00, Evidence, Impounding, and Property for general/universal evidence and property impound and documentation procedures.

2. **PHLEBOTOMY PROCEDURES**

A. Qualifications

(1) Only those employees recognized through training and experience as a phlebotomist may draw blood for law enforcement purposes.

(a) Employees trained through a recognized phlebotomy program, such as the AzPost recognized "Phlebotomy for Law Enforcement" program provided by Phoenix College.

(b) Any other qualified Phoenix employee as determined by the phlebotomy coordinator.

(2) Phlebotomists must also adhere to an on-going annual re-qualification process as designated by the phlebotomy coordinator.

(3) This process will include, but not be limited to:

- Drawing a minimum of 24 blood samples per year
- Attending annual training as scheduled by the phlebotomy coordinator or designee

B. Documentation

(1) A Phlebotomy Draw Report or an Impaired Driver Report (for DUI suspects) must be completed for each subject blood draw.

(2) An Incident Supplement will also be completed to impound the blood tubes and to include any statements and/or actions which may aid in prosecution of the suspect.

(3) Every effort should be made to properly identify the subject.

NOTE: Per Operations Order 7.5.04, Driving Under the Influence Investigations, a photograph of a DUI suspect will be taken, attached to the IR/Incident Supplement as an "Image", and then deleted from the memory card.

C. Refusal

(1) If the subject verbally consent to the draw but refuses to sign the consent from, document "REFUSED TO SIGN" in the signature block. In this situation the case officer and phlebotomist can testify that the subject verbally consented.

(2) If the subject initially consents and then changes their mind, a warrant will need to be obtained.

(3) ARS authorizes blood draws without a warrant in exigent circumstances; however, a warrant will be obtained in all cases where verbal consent is not given.

(4) Document whether the subject was cooperative or resisted the blood draw, such as cooperative, had to be escorted to restraint chair, or held down.

(5) Not complying with a search warrant or court order is a violation of ARS 13-2810.A.2, Interfering with Judicial Proceedings.

2. D. Combative Subjects

(1) Only force that is reasonable and necessary will be used to execute a search warrant for blood.

(2) Officers will not use a stun device, hard impact weapon, chemical irritant, or any other weapon to subdue the suspect for the sole purpose of obtaining blood.

(3) Phlebotomy restraint chairs are available at the Northern Command Station and all precincts.

(4) If it appears a suspect may become combative, either through the suspect's statements or actions, in their refusal to submit to a blood draw, consideration will be given to transporting the suspect directly to a command station.

(5) Prior to utilizing a restraint chair, an on-duty first level supervisor must respond to the appropriate command station to oversee the use of the restraint chair.

(6) If a first level supervisor is unable to respond to the command station in a timely manner, a second level supervisor may grant verbal permission to utilize the restraint chair.

(7) Each restraint chair is equipped with video monitoring/recording equipment which must be utilized during the blood draw to document suspect and police actions.

(a) Officers will state the IR number, date, and suspect name and date of birth prior to recording the blood draw.

(b) Officers will ensure the log sheet is completed for each video recording.

(c) The video recording will be impounded according to procedures outlined in Operations Order 5.8.05.

E. Equipment

(1) Used needle or betadine pads will not be returned to the kit box or impounded.

(2) The needle, hub, and pad must be disposed of using the recommended Occupational Safety and Health Administration (OSHA) guidelines.

F. Blood Draw Attempts

(1) A phlebotomist may draw blood from a suspect they have personally arrested for DUI.

(2) If the officer/phlebotomist feels it would be in everyone's best interest to have another phlebotomist draw the blood, one will be requested.

(3) Phlebotomists who are unsuccessful on their first draw must select an alternative site if a second draw attempt is necessary.

(4) Phlebotomists will not exceed two attempts to make a successful draw without supervisor authorization.

(5) If the initial phlebotomist is unable to obtain an adequate blood sample, they may request the services of another phlebotomist.

(6) The assisting phlebotomist must evaluate the site selection and may make one additional attempt to successfully obtain a sample.

2. F. (7) Any other additional attempts will require supervisor authorization.

G. Transportation and Storage of Blood

(1) The phlebotomist that obtained the blood sample/s will impound the blood as evidence in accordance with current impounding procedures.

(2) If the blood was obtained for the purposes of testing for communicable/contagious diseases, the procedures will be followed in Operations Order 5.7.00, Communicable Disease Control Plan.

(3) If there is a delay before transporting the blood, the sample/s should be refrigerated or maintained in a cool environment, and never be frozen.

H. Additional Phlebotomist Responsibilities

(1) Phlebotomists will complete all pertinent documentation contained in the blood kit, ensure another officer witnesses the blood draw, and label and package the blood evidence.

(2) Phlebotomists will retain the blood in their possession until they have impounded it as evidence.

(3) Phlebotomists will wear lab coats or disposable protective gowns, and protective gloves while performing all blood draws.

(4) All phlebotomy equipment must be approved by the Department's phlebotomy coordinator.

(5) Appropriate medical supplies may be obtained from a hospital or fire paramedics in emergency situations.

I. Coordinator Responsibilities

(1) The phlebotomy coordinator is also the Drug Recognition Expert (DRE) coordinator from the Traffic Education Safety Squad (TESS).

(2) The phlebotomy coordinator is responsible for:

- Coordinating initial training of phlebotomists
- Coordinating on-going training of active phlebotomists
- Securing equipment and maintaining a call-out list and records
- Performing quality control of all blood draws performed by Department phlebotomists
- Exposure source draws (refer to Operations Order 5.7.00, Communicable Control Disease Plan for more information)

3. **PACKAGING BLOOD FOR IMPOUND**

A. A sealed Driving Under the Influence (DUI) blood or urine evidence collection kit/box, available in all bureaus/precincts and Police Supply, will be used to package and impound:

- Blood sample/s collected for alcohol and/or drug analysis
- Urine sample/s collected for drug analysis

(1) The sample/s will be placed in a properly labeled DUI box/kit and resealed with the provided box seal.

(2) Do not place blood collection kits in plastic bags.

4. **IMPOUNDING**

A. DUI blood and urine evidence collection kits/boxes will be impounded in a precinct property room refrigerator (if available) or the PMU Annex refrigerator (see Operations Order 5.8.06, Impound Locations).

Last Organizational Review: